



Administration 797-1030
Administrative Services 797-1020
Budget & Finance 797-1060
Community Services 797-1145
Development Services 797-2070

Engineering 797-1070
Fire Department 797-1080
Police Department 797-1200
Public Works 797-1240
Utilities 433-0000

TOWN OF DAVIE 8591 SW 45th Street, Davie, Florida 33314-3399

(305) 797-1000

DATE 1/11/02

NAME OF ORGANIZATION Chiropractic, Nat Chiropractic Medicine
ADDRESS 9743 West Broward Blvd Plantation FL 33324
CITY STATE ZIP

NAME OF REPRESENTATIVE OF ORGANIZATION Dr. David E. Yachter
ADDRESS Same
CITY STATE ZIP

PHONE NUMBER 954-470-6002 NUMBER OF ENTRANTS IN PARADE 500
DATE OF PARADE 4/7/02 HOURS OF PARADE 7⁰⁰ AM TO 9⁰⁰ AM

PARADE ROUTE SW 100 Ave @ Tree Tops park exit heading south to Marjorie Dr., U-turning northbound on SW 100 Ave to entrance of Tree Tops park

Applicant's Signature [Signature]

COUNCIL MEETING DATE 2/21/02

APPROVED

DENIED

NOTE: Per Section 21-4 of the Town Code, The council shall be the sole authority for the approval of permits to conduct parades on or about the public rights-of-way of the town. The civic organization making application to conduct such parade shall have the sole responsibility and prerogative to determine who the participants and/or participating organizations shall be. Permits shall be granted subject to Federal, State and Town of Davie laws.

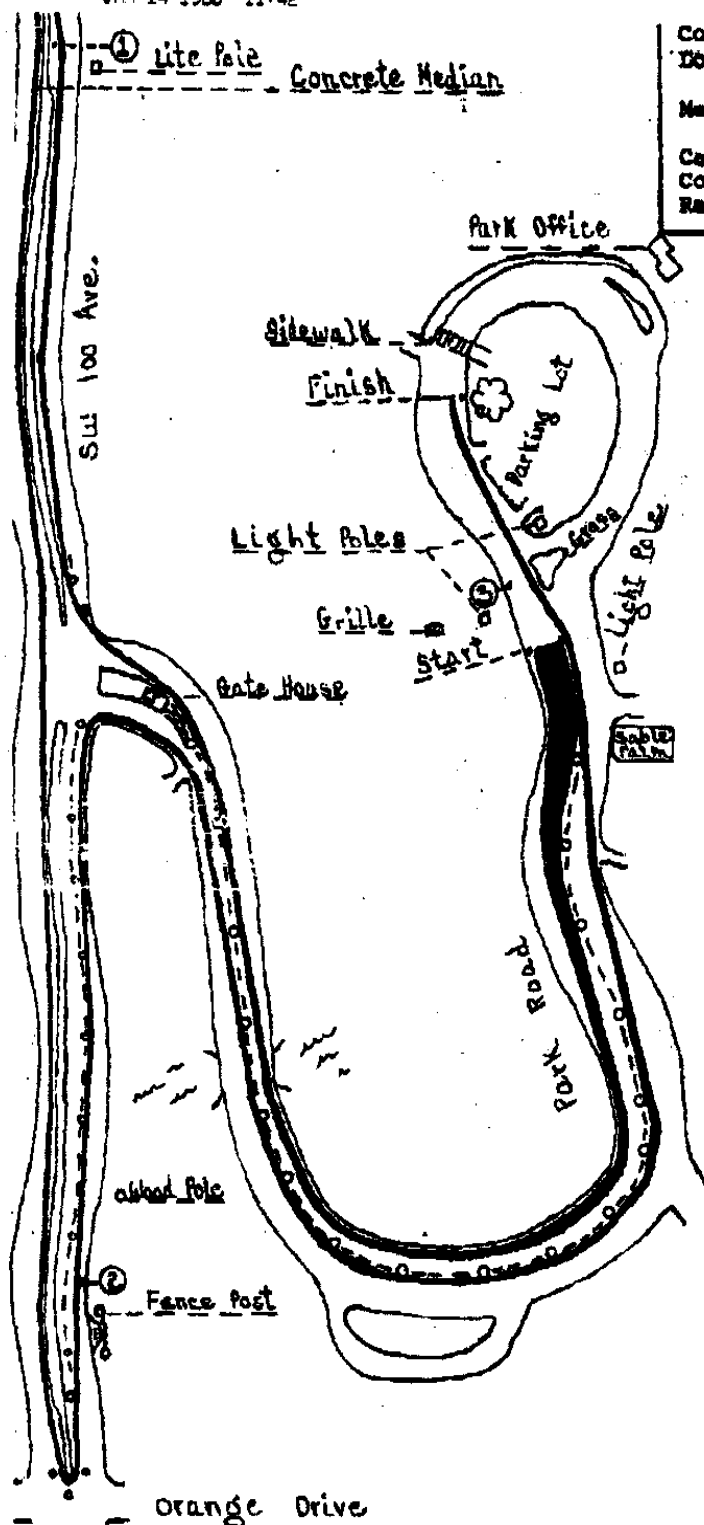
THE TOWN OF DAVIE REQUIRES A CERTIFICATE OF INSURANCE OF NO LESS THAN \$1,000,000 NAMING THE TOWN OF DAVIE AS AN ADDITIONAL INSURED.

An Equal Opportunity Employer

Police Security
2 officer He must
PM For
Called 4/29
4:22

JAN-14-1980 11:42

P. 01



Course Name: Tree Tops Park SE
Location: 3900 SW 100 Ave.
Davis, FL
Measured By: Gene Witkowski
771-1060
Calibration
Course: #PL92026DL
Race Director: Rick Starn

Start: On Park Rd. S. of Office and main parking lot. PK nail is 12" from W. edge of pavement. 97'-6" NW from lite pole at Sable Palms corner and 99'-6" SE from grille.

Mile 1: on SW 100 Ave, heading N in left turn lane approaching 1st turnaround. PK nail is 12" from E edge of concrete median, 61'-3" NW from lite pole and 132'-10" NE from SW corner of median.

Mile 2: on SW 100 Ave. heading N. after passing natural turnaround at Orange Dr. PK nail is 12" from E edge of pavement, 91'-4" SW from wooden pole and 27'-6" NW from fence post at road drain.

Mile 3: on Park Rd. W of grassy divider. PK nail is 12" from W. edge of pavement, 45'-1" NE of lite pole.

Finish: on Park Rd. opposite huge tree in main parking lot. PK nail is 24" from E edge of pavement, 141'-5" NE from lite pole and 97'-6" SW from corner of sidewalk.

O: Cones will be placed on center dividing lines. Runners will be instructed to use lanes closest to median on SW 100 Ave. except where coned otherwise.

TOTAL P. 01

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/24/2002
PRODUCER (219)482-5455 FAX (219)483-6297 Diller-Smith & Associates 2526 Scotswoide Dr. P.O. Box 8517 Ft. Wayne, IN 46808		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Road Runners Club Of America 510 NORTH WASHINGTON ST. Alexandria, VA 22314		INSURERS AFFORDING COVERAGE INSURER A: TIG INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	770003802973501	12:01 AM 01/01/2002	12:01 AM 01/01/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> PART. LEGAL LIAB.				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> LIMIT- \$1,000,000				GENERAL AGGREGATE \$ NONE
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	770003802973501	12:01 AM 01/01/2002	12:01 AM 01/01/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS LIABILITY	KL80003802973902	12:01 AM 01/01/2002	12:01 AM 01/01/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STAT- TORY LIMITS OTH- ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYED \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER PARTICIPANT ACCIDENT	SPX00038029736-01	12:01 AM 01/01/2002	12:01 AM 01/01/2003	AD&D \$2500
					EXCESS MEDICAL \$10,000-\$250 DED PRIMARY MEDICAL \$ NONE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED EVENT: 2ND ANNUAL CHIROPRACTIC RUN FOR HEALTH 5K RUN AN FUN WALK
 DATE OF EVENT: 04/07/02
 INSURED CLUB: SOUTH FLORIDA STRIDERS, INC., ATT RALPH GUIJARRO, 15426 NW 14TH COURT
 PEMBROKE PINE, FL 33028

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
01/24/02 - TOWN OF DAVIE ATT RONNTE MAR-25-1900 09:26		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY

County of ... State of ...

Community Services Department
 PARKS AND RECREATION DIVISION

Permit #

P.02

SPECIFIC USE PERMIT

DISTRICT (circle one) NO CN SE **(SW)** EVENT NAME RUN FOR THE HEALTH OF ET.
 PARK TREE TOPS EVENT DATE(S) APRIL 7, 2002

Agreement between Broward County Parks and Recreation Division as Co-Sponsor/Host Agency and Organization
 Permittee (Nonprofit): FLORIDA CHIROPRACTIC SOCIETY
 Address: 220 N.W. 75th WAY
 City: PLANTATION State: FL Zip: 33317
 Telephone: (954) 472-6002 Fax: (954) 472-7111
 Representative: DR. DAVID E. YACHTER Title: _____

Description of Special Event: 5K RUN/WALK RACE
 Date(s) of Special Event: APRIL 7, 2002 Hours of Activities: 6:00 AM - 10:00 AM
 Anticipated Attendance _____ Security Deposit \$: _____

Special Use Permit Terms and Conditions (attachments)

<u>3</u>	Special Event Site Plan
<u>1 & 2</u>	Special Event Activities Plan
<u>4</u>	Certificate(s) of Insurance (Include Broward County as Additional Insured)
<u>3</u>	Special Event Accessibility Site Plan
<u>1 & 2</u>	Schedule of Special Event Fees and Payments
<u>NORMAL ROADWAY</u>	Emergency Vehicle Access Plan
<u>N/A</u>	Animal Exhibit Site Plan
<u>YES</u>	Verification of State-Registered Nonprofit Status
<u>N/A</u>	Subcontractor Agreement(s)

Permittee Insurance Requirements (Risk Management approval by _____ date _____)

TYPE	LIMITS
- Comprehensive General Liability Policy	\$ _____
- Vendor Policy	\$ _____
- Special Event Policy	\$ _____
- Other (specify) _____	\$ _____

RELEASE AND WAIVER OF LIABILITY

TO BROWARD COUNTY: In consideration of the opportunity afforded Permittee to use park premises for the special event activities described herein, Permittee named herein does freely agree to make the following contractual representations and agreements.

Permittee agrees to indemnify, defend, and hold harmless Broward County, its officers, agents, employees, and volunteers from and against all claims, suits, actions, damages, liabilities, or expenditures of any kind arising out of or occurring during the special event activities of Permittee and resulting or accruing from any error, omission, conduct, or negligent act of the Permittee, resulting in or relating to any damage or injury to person or property arising from the use of the park premises or improvements therein. Further, Permittee hereby knowingly, freely, and voluntarily assumes all risk and liability for any damage or injury that may occur as a result of the use of the park premise and agree to release, waive, discharge, and covenant not to sue Broward County, its officers, employees, and volunteers from any and all liability or claims that may be asserted by the Permittee.

